

CONFERENCE TRAVEL AWARD APPLICATION

Graduate College, 204 Coble Hall, MC-322

**DEPARTMENTS PLEASE COMPLETE BOTTOM SECTION
STUDENT MUST BE REGISTERED THE SEMESTER THIS AWARD IS GRANTED
UNSIGNED OR INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE DEPARTMENT**

Please direct all questions to Grad@illinois.edu or call 3-4610.

Part I (to be completed by graduate student)

Date of Application _____ Applicant's UIN _____

Name: (Mr.) (Ms.) _____
(Please circle one) (Last) (First) (MI)

Graduate Department _____
(Dept.) (Address) (Mail Code)

E-mail _____

Name of Conference _____

Location _____

Brief Title of Paper or Presentation _____

Dates of Conference _____

ANTICIPATED CONFERENCE EXPENSES:

TRAVEL _____

LODGING _____

MEALS _____

OTHER EXPENSES _____

TOTAL EXPENSES _____

DEPT SUPPORT _____

SIGNATURES:

Student Signature

Department Representative Signature

Print Name Department Representative

Part II (to be completed by student's department)

The Department of _____ agrees to support this student's application for a Graduate College Conference Travel Award. The department has agreed to provide support in the amount of _____ toward the student's expenses.

Department representative's signature

Date